



U.S. EMBASSY JERUSALEM
SPECIAL CONSULAR SERVICES UNIT
REPORT OF DEATH OF A U.S. CITIZEN ABROAD

NAME OF THE DECEASED:

1. Name and telephone # of Person Sending Documents: _____
2. Social Security # of Deceased _____
3. Deceased's last local address: _____
4. Deceased's last US address, if applicable: _____
5. Place of burial, name & location of cemetery: _____
6. Disposition of effects—name of individual responsible for effects & belongings of the deceased:

7. Name, address & phone number of at least one next of kin and/or appointed attorney to whom we should send the reports:
 - A. Name: _____ Address: _____
Phone: _____ # of copies: _____ Relationship to Deceased _____
 - B. Name: _____ Address: _____
Phone: _____ # of copies: _____ Relationship to Deceased _____
 - C. Name: _____ Address: _____
Phone: _____ # of copies: _____ Relationship to Deceased _____
8. Name of person listed in (7) to return canceled passport of the deceased:

PLEASE MAIL THIS COMPLETED QUESTIONNAIRE, ALONG WITH THE ORIGINAL LOCAL DEATH CERTIFICATE AND THE DECEASED'S MOST RECENT US PASSPORT TO:

US Embassy - Branch Office Tel Aviv, Special Consular Services, 71 HaYarkon Street, Tel Aviv 6343229

OR

Through Israel Post:

US Embassy Jerusalem, Special Consular Services, P.O. Box 290, Jerusalem 9100201, or

Through another courier service, such as Aramex:

US Embassy Jerusalem, Special Consular Services, Agron Street 18, Jerusalem 9419003